

Case Number:	CM14-0199733		
Date Assigned:	12/10/2014	Date of Injury:	08/08/2000
Decision Date:	01/27/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55-year-old female presenting with a work-related injury on August 8, 2000. The patient complained of neck pain rated six out of 10 radiating to bilateral upper extremities and chest as well as left shoulder pain rated 5/10 and low back pain rated 6/10 radiating to the bilateral lower extremities. The physical exam was significant for cervical compression positive on the right, positive Jackson on the right, positive Romberg's, restricted range of motion of the left shoulder, positive apprehension, positive Hawkins sign, restricted range of motion of the left elbow; positive no on the left wrist, positive Tinel's on the right wrist, decreased sensation on C5 - C6 dermatome on the right, pain at the sciatic notch, restricted range of motion, positive Patrick's for low back pain only, of the medial/lateral stability of the left knee, positive Lachman, positive McMurray's. The patient was diagnosed with cervical intervertebral disc displacement without myelopathy, left upper extremity radiculopathy, and status post arthroscopic repair, right shoulder. A claim was made for various compounding cream.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Keratek gel 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Keratek Analgesic Gel 4oz is not medically necessary. Kera-Tek Analgesic Gel contains methyl salicylate 28 percent and menthol 16 percent. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Per CA MTUS page 111 states that topical analgesics such as Methyl Salicylate, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary. The request was not specific as to what area the compound cream will be used. Additionally, there is little evidence to utilize topical NSAIDs and Menthol for treatment of pain associated with the spine, hip or shoulder; therefore compounded topical cream is not medically necessary.

Compound cream 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Compound cream 180gm is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended; therefore, the compounded mixture is not medically necessary.